

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE

FIRST

FRED

NICKNAME

LAST

RANGEL

SUFFIX

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

6102 BORDER TRAIL

☐ Change of Address

SAN ANTONIO, TX. 78240

5 CAMPAIGN
TREASURER
NAME

TITLE

FIRST

OSCAR

MI

R

NICKNAME

LAST

CASTILLO

SUFFIX

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

7 BRENT COVE SAN ANTONIO, TX 78254

7 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210) 681 3917

8 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign treasurer appointment (officeholder only)

☐

July 15

☒

8th day before election

☐

Exceeded \$500 limit

☐

Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month

Day

Year

3 / 26 / 01

THROUGH

Month

Day

Year

04 / 25 / 01

10 ELECTION

ELECTION DATE

Month

Day

Year

05 / 05 / 01

ELECTION TYPE

☐

Primary

☐

Runoff

☒

General

☐

Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (# known)

CITY COUNCIL DISTRICT 7

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box: Apt. / Suite #: City: State: Zip Code

☐ additional pages

GO TO PAGE 2



CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

FRED A. RANGEL

 RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate/officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE
ACTIVITY
☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)
18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 1,010.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1,010.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

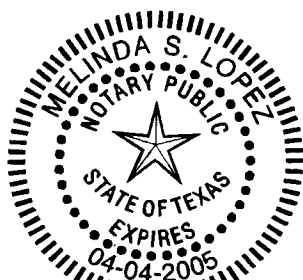
\$ 1208.48

OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 4409.97

19 AFFIDAVIT



AFFIX NOTARY STAMP HERE ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said FRED A. RANGEL, this the 27 day of April, 20 01, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2
APR 27 11:31

2 FILER NAME

Fred A RANGE

2001

SPAC ACCOUNT (Enter Commission filers)

4 Date

4/23/01

5 Full name of contributor

☐ out-of-state PAC (ID#)SA. REALTORS POLITICAL ACTION COMMITTEE
NON-CORPORATE

6 Contributor address; City; State; Zip Code

9110 IH 10 W
SAN ANTONIO, TX 782307 Amount of
contribution (\$)

750.-

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

4/24/01

Full name of contributor

☐ out-of-state PAC (ID#)

LAZARO GUTERREZ

Contributor address; City; State; Zip Code

1222 BAY HORSE DR.
SAN ANTONIO, TX 78245Amount of
contribution (\$)

25.-

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/16/01

Full name of contributor

☐ out-of-state PAC (ID#)

JAMES V. REINDERS

Contributor address; City; State; Zip Code

5111 CORAL MIST SAN ANTONIO, TX 78219

Amount of
contribution (\$)

200.-

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/11/01

Full name of contributor

☐ out-of-state PAC (ID#)

OSCAR F. DEL CASTILLO

Contributor address; City; State; Zip Code

2642 W. MISTLETOE SAN ANTONIO, TX
78228Amount of
contribution (\$)

15.-

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

4/17/01

Full name of contributor

☐ out-of-state PAC (ID#)

ELEAZAR G. GUJARDO

Contributor address; City; State; Zip Code

450 WALTON AVE. SAN ANTONIO, TX
78225Amount of
contribution (\$)

20.-

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

RECEIVED

CITY OF SAN ANTONIO

Total pages 24 Schedule A1:

The INSTRUCTION GUIDE explains how to complete this form.

2 FILER NAME

Fred A. Rangel

2001

SPACOUNT (Ethics Commission filers)

4 Date

4/23/01

5 Full name of contributor

☐ out-of-state PAC (ID#:

JOE RIVERA

6 Contributor address; City; State; Zip Code

354. W. Broadview SAT 78228

7 Amount of
contribution (\$)8 In-kind contribution
description (if applicable)

225. —

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#:Amount of
contribution (\$)In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

2 FILER NAME

2001 APR 21 A 11:31
ACCOUNT # (Ethics Commission filers)

| | | |
|------------------|---|------------------------|
| 4 Date 4/2/01 | 5 Payee name RICHARDS PHOTOGRAPHY 6 Payee address; City: State: Zip Code 231 TAMMY SAN ANTONIO, TX 78216 | 7 Amount (\$) 46.94 |
|------------------|---|------------------------|

| | |
|--|---|
| 8 Purpose of payment (See instructions regarding type of information required.) WEB HOSTING & SETUP | 9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|--|---|

| | | |
|----------------|---|----------------------|
| Date 4/9/01 | Payee name EASY DRIVE Payee address; City: State: Zip Code 906 RUIZ ST SAN ANTONIO, TX 78207 | Amount (\$) 69.04 |
|----------------|---|----------------------|

| | |
|---|---|
| Purpose of payment (See instructions regarding type of information required.) CAMPAIGN SIGN STAKES | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|---|---|

| | | |
|----------------|--|---------------------|
| Date 4/9/01 | Payee name LITTLE CAESARS Payee address; City: State: Zip Code 2536 BARBOCK SAN ANTONIO, TX 78240 | Amount (\$) 8.86 |
|----------------|--|---------------------|

| | |
|--|---|
| Purpose of payment (See instructions regarding type of information required.) STAFF LUNCH | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|--|---|

| | | |
|-----------------|---|----------------------|
| Date 4/10/01 | Payee name EASY DRIVE Payee address; City: State: Zip Code 906 RUIZ ST SAN ANTONIO, TX 78207 | Amount (\$) 86.30 |
|-----------------|---|----------------------|

| | |
|---|---|
| Purpose of payment (See instructions regarding type of information required.) CAMPAIGN SIGN STAKES | ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held |
|---|---|

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
3 ACCOUNT # (Ethics Commission filers)

2 FILER NAME

FRED A. RANGEL

2001 APR 27 A 11:31

4 Date

5 Payee name

7

Amount
(\$)

4/11/01

OFFICE MAX

6 Payee address; City; State; Zip Code

12635 IH 10 W Suite 525

SAN ANTONIO, TX 78230

12.93

8 Purpose of payment (See instructions regarding type of information required.)

OFFICE SUPPLIES

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

4/12/01

OFFICE MAX

Payee address; City; State; Zip Code

5830 BANDERA Rd SAN ANTONIO, TX 78238

23.23

Purpose of payment (See instructions regarding type of information required.)

OFFICE SUPPLIES

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

4/13/01

OFFICE MAX

Payee address; City; State; Zip Code

5830 BANDERA Rd. SAN ANTONIO, TX 78238

7.33

Purpose of payment (See instructions regarding type of information required.)

OFF SUPPLIES

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

4/13/01

UNITED STATES POSTAL SERVICE

Payee address; City; State; Zip Code

S. TEXAS MEDICAL DR CTR STA. SAN ANTONIO, TX 78229

91.80

Purpose of payment (See instructions regarding type of information required.)

STAMPS

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

2 FILER NAME

Fred A. Lange

3 ACCOUNT # (Ethics Commission form)

2001 APR 21 A 11:31

4 Date

5 Payee name

7 Amount (\$)

4/24/01

HCB

6 Payee address; City; State; Zip Code

CENTRAL MARKET

4.20

8 Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN PICTURES - LAB PHOTO

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

4/24/01

OFFICE MAX

Payee address; City; State; Zip Code

5830 BANDERARD SAT. 78238

56.80

Purpose of payment (See instructions regarding type of information required.)

OFF SUPPLIES

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

4/25/01

Allied Advertising

Payee address; City; State; Zip Code

3700 Blanco Rd. SAT 78212

404.55

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN SIGNS

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

4/13/01

JENNIFER ANNECLONDO

Payee address; City; State; Zip Code

7518 STAGE COACH

SAT 78227

247.00

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN OFF RECEPTIONIST.

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

Total reported Schedule F:

2 FILER NAME

Fred A. Range (

2001 APR 27 AM 11:31
ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

4/20

Jennifer Arredondo

6 Payee address; City; State; Zip Code

7518 STAGE COACH

SAT 78227

149.50

8 Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN OF Receptionist

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2001 APR 27 A 10:31

2 FILER NAME

Fred A. Rangel

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

CORINE CASAS

6 Payee address:

City: State: Zip Code

BEXAR COUNTY COURT HOUSE

8 Amount (\$)

3.-

7 Purpose of expenditure (See instructions regarding type of information required.)

NOTARY SERVICE

☐ Reimbursement from political contributions intended

Date

Payee name

OFFICE MAX

Payee address: City: State: Zip Code

5830 BANDERA Rd. SAT 78238

Amount (\$)

2.59

Purpose of expenditure (See instructions regarding type of information required.)

OFFICE SUPPLIES

☐ Reimbursement from political contributions intended

Date

Payee name

KINKOS

Payee address: City: State: Zip Code

5755 NW Loop 410 #101 SAT. 78238

Amount (\$)

4.32

Purpose of expenditure (See instructions regarding type of information required.)

OFFICE SUPPLIES

☐ Reimbursement from political contributions intended

Date

Payee name

KINKOS

Payee address: City: State: Zip Code

5755 N.W. Loop 410 #101 SAT 78238

Amount (\$)

13.81

Purpose of expenditure (See instructions regarding type of information required.)

OFF. SUPPLIES

☐ Reimbursement from political contributions intended

Date

Payee name

E.C. Rodeo de Jalisco

Payee address: City: State: Zip Code

CELEBRADA Rd. SAT

Amount (\$)

37.56

Purpose of expenditure (See instructions regarding type of information required.)

STATE LUNCH

☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2001 APR 27 A 11:32
3 ACCOUNT # (Ethics Commission files)

2 FILER NAME

Fred A Rangel

4 Date

5 Payee name

8 Amount (\$)

3/30/01

STOP & GO

6 Payee address; City; State; Zip Code

103 BANDERA Rd. SAT 78228

25.-

7 Purpose of expenditure (See instructions regarding type of information required.)

GASOLINE

☐ Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

3/7/01

DIAMOND SHAMROCK

Payee address; City; State; Zip Code

7939 CALLAGHAN Rd. SAT 78228

20.-

Purpose of expenditure (See instructions regarding type of information required.)

GASOLINE

☐ Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

4/17/01

HENRY'S PUFFY TACOS

Payee address; City; State; Zip Code

815 BANDERA Rd. SAT 78228

18.73

Purpose of expenditure (See instructions regarding type of information required.)

STAFF LUNCH

☐ Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

4/9/01

WURZBACH EXXON

Payee address; City; State; Zip Code

WURZBACH Rd. SAT

7.00

Purpose of expenditure (See instructions regarding type of information required.)

GASOLINE

☐ Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

4/9/01

US POSTAL SERVICE

Payee address; City; State; Zip Code

STX Medical CTR STA. SAN 78229

25.30

Purpose of expenditure (See instructions regarding type of information required.)

STAMPS

☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2001 APR 27 A 11:32

3 ACCOUNT # (Ethics Commission filers)

2 FILER NAME

Fred A. Rangel

4 Date

5 Payee name

OFFICE DEPOT

6 Payee address; City; State; Zip Code

75 NE Loop 410 STE 100 SAT 78216

8 Amount (\$)

14.33

7 Purpose of expenditure (See instructions regarding type of information required.)

CAMPAIGN OFC SUPPLIES

☐ Reimbursement from political contributions intended

Date

Payee name

OFFICE DEPOT

Payee address; City; State; Zip Code

75 NE Loop 410 STE 100 SAT 78216

Amount (\$)

53.93

Purpose of expenditure (See instructions regarding type of information required.)

CAMPAIGN OFC SUPPLIES

☐ Reimbursement from political contributions intended

Date

Payee name

Speedy STOP #31

Payee address; City; State; Zip Code

22255 US HWY 281 N. SAT 78258

Amount (\$)

20.-

Purpose of expenditure (See instructions regarding type of information required.)

FUEL

☐ Reimbursement from political contributions intended

Date

Payee name

MISSING CHILDREN HELP CENTER

Payee address; City; State; Zip Code

4105. WARE BLVD. SUITE 710 TAMPA FL. 33619

Amount (\$)

4.-

Purpose of expenditure (See instructions regarding type of information required.)

DONATION

☐ Reimbursement from political contributions intended

Date

Payee name

CAFE MILANO

Payee address; City; State; Zip Code

7530 BANDERA RD 102 SAT 78238

Amount (\$)

25.-

Purpose of expenditure (See instructions regarding type of information required.)

STAFF LUNCH

☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

2 FILER NAME

Fred A Rangel

2001 APR 27 ACCOUNT # (Ethics Commission filers)

| | | |
|-------------------|---|---|
| 4 Date 4/11/01 | 5 Payee name KINKOS 6 Payee address; City; State; Zip Code 5755 N.W. LOOP 410 #101 SAT 78238 7 Purpose of expenditure (See instructions regarding type of information required.) OFF. SUPPLIES | 8 Amount (\$) 1.29 <input type="checkbox"/> Reimbursement from political contributions intended |
| Date 4/13/01 | Payee name SUBWAY Payee address; City; State; Zip Code 4263 N.W. LOOP 410 SAT 78229 Purpose of expenditure (See instructions regarding type of information required.) STAFF LUNCH | Amount (\$) 8.71 <input type="checkbox"/> Reimbursement from political contributions intended |
| Date 3/11/01 | Payee name KINKOS Payee address; City; State; Zip Code 11745 I 10 WEST SUITE 780 SAT. 78230 Purpose of expenditure (See instructions regarding type of information required.) OFF. SUPPLIES | Amount (\$) 12.82 <input type="checkbox"/> Reimbursement from political contributions intended |
| Date 4/12/01 | Payee name STOP & JOY Payee address; City; State; Zip Code 5214 CALLAGHAN Purpose of expenditure (See instructions regarding type of information required.) REFRESHMENTS | Amount (\$) 6.51 <input type="checkbox"/> Reimbursement from political contributions intended |
| Date 4/22/01 | Payee name STOP & GO Payee address; City; State; Zip Code 103 BANDERA Rd. SAT 78228 Purpose of expenditure (See instructions regarding type of information required.) GASOLINE | Amount (\$) 10.00 <input type="checkbox"/> Reimbursement from political contributions intended |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

1 Total pages Schedule G:

2001 APR 27 A 11:32

2 FILER NAME

Fred A. Rangel

ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8 Amount (\$)

2/22/01

6 Payee address: City: State: Zip Code

5755 N.W. Loop 410 #101 SAT 78238

10 -

7 Purpose of expenditure (See instructions regarding type of information required.)

CAMPAIGN SUPPLIES

☐ Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

3/7/01

Payee address: City: State: Zip Code

5755 N.W. Loop 410 #101 SAT 78238

8.54

Purpose of expenditure (See instructions regarding type of information required.)

CAMPAIGN OFC SUPPLIES

☐ Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

3/13/01

Payee address: City: State: Zip Code

5439 EVERS Rd. SAT 78238

20. -

Purpose of expenditure (See instructions regarding type of information required.)

GASOLINE

☐ Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

3/24/01

Payee address: City: State: Zip Code

8990 Huebner Rd. SAT

13.75

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

3/30/01

Payee address: City: State: Zip Code

BANDERA Rd SAT

12.33

Purpose of expenditure (See instructions regarding type of information required.)

STAFF LUNCH

☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

1 Total pages Schedule G:

2004 APR 27 A 11:32
ACCOUNT # (Ethics Commission filers)

2 FILER NAME

Fred RANGEL

4 Date

3/13/01

5 Payee name

CITY PARKING

6 Payee address: City: State: Zip Code

SAT

7 Purpose of expenditure (See instructions regarding type of information required.)

PARKING

8 Amount (\$)

3.-

☐ Reimbursement
from political
contributions
intended

Date

04/03/01

Payee name

CITY PARKING CONTINENTAL LOT

Payee address: City: State: Zip Code

SAT

Purpose of expenditure (See instructions regarding type of information required.)

PARKING

Amount (\$)

2.50

☐ Reimbursement
from political
contributions
intended

Date

03/20/01

Payee name

CITY PARKING

Payee address: City: State: Zip Code

DELA ROSA SAT

Purpose of expenditure (See instructions regarding type of information required.)

PARKING

Amount (\$)

e 75

☐ Reimbursement
from political
contributions
intended

Date

4/25/01

Payee name

ALONSO RANGEL

Payee address: City: State: Zip Code

563 S.W 39th ST 78237

Purpose of expenditure (See instructions regarding type of information required.)

CONSULTANT & BLOCKWALKING

Amount (\$)

4000.00

☐ Reimbursement
from political
contributions
intended

Date

Payee name

Payee address: City: State: Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount (\$)

☐ Reimbursement
from political
contributions
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

 RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

 1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

2001 APR -5 P 4:09 9

| | | | | | | |
|--|---|------------------|-----------------------------|--|---------------------------------|---|
| 3 CANDIDATE / OFFICEHOLDER NAME | TITLE | FIRST FRED | MI A | OFFICE USE ONLY | | |
| | NICKNAME | LAST RANGEL | SUFFIX | | | |
| 4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 6102 BORDER TRAIL SAN ANTONIO, TX 78240 | | | | | |
| | Date Received | | | | | |
| 5 CAMPAIGN TREASURER NAME | TITLE | FIRST OSCAR | MI R. | Date Hand-delivered or Date Postmarked | | |
| | NICKNAME | LAST CASTILLO | SUFFIX | Receipt # | Amount | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7 BRENT COVE SAN ANTONIO TX 78254 | | | | | |
| | Date Processed | | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | | |
| | 2101 | 681 3917 | | | | |
| 8 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) | | | | | |
| | Date Imaged | | | | | |
| 9 PERIOD COVERED | Month | Day | Year | THROUGH | Month Day Year | |
| | 2 | 23 | 01 | | 3/26/01 | |
| 10 ELECTION | ELECTION DATE | | ELECTION TYPE | | | |
| | Month | Day | Year | <input type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input checked="" type="checkbox"/> General |
| | 05 | 05 | 01 | | | |
| 11 OFFICE | OFFICE HELD (if any) | | 12 OFFICE SOUGHT (if known) | | | |
| | | | CITY COUNCIL DISTRICT 7 | | | |
| 13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages | ** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** | | | | | |
| | Name | | | | | |
| | Address / PO Box; Apt. / Suite #; City; State; Zip Code | | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

14 C/OH NAME

FRED A. RANGEL

15 ACCOUNT # (Ethics Commission files)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

5500.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

4480.25

OUTSTANDING
LOAN TOTALS

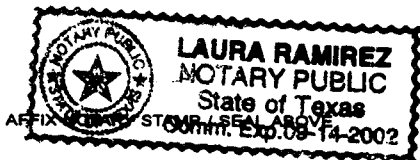
5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

1906.72

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Fred A. Rangel, this the 5th day of April, 20 01, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR - 5 P 4:09

1 Total pages this Schedule A1:

1

2 FILER NAME

FRED A. RANGEL

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/20/01

5 Full name of contributor

☐ out-of-state PAC (ID#)

RUIZ & SONS INC

7 Amount of
contribution (\$)
500.00

8 In-kind contribution
description (if applicable)
ALLIED ADVERTISING
CAMPAIGN SIGNS

6 Contributor address; City; State; Zip Code

838 OLD HWY 90 W SAN ANTONIO, TX 78237

9 Principal occupation (Optional)

10 Employer (Optional)

Date

2/20/01

Full name of contributor

☐ out-of-state PAC (ID#)

RUIZ & SONS INC.

Amount of
contribution (\$)

500.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

838 OLD HWY 90 W SAN ANTONIO, TX 78237

Principal occupation (Optional)

Employer (Optional)

Date

3/23/01

Full name of contributor

☐ out-of-state PAC (ID#)

SAN ANTONIO POLICE OFFICERS ASSOCIATION PAC

Amount of
contribution (\$)

4000.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

1939 N.E. LOOP #230 SAN ANTONIO TX 78217

Principal occupation (Optional)

Employer (Optional)

Date

ADA INC

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

500.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

1123 BABCOCK SAN ANTONIO, TX 78201

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2001 APR -5 P

4: 00 pages Schedule F:

1

2 FILER NAME

FRED A. RANGEL

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

3/22/01

MUNGUIA PRINTERS

6 Payee address; City; State; Zip Code

2201 BUENA VISTA ST. SAN ANTONIO, TX 78207

845.59

8 Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN PUSH CARDS

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

3/23/01

ALLIED ADVERTISING

Payee address; City; State; Zip Code

3700 BLANCO RD SAN ANTONIO, TX 78212

734.66

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN SIGNS,
MAGNETICS

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

3/24/01

WADE ENTERPRISES

Payee address; City; State; Zip Code

12950 COUNTRY PARKWAY SAN ANTONIO, TX 78216

2400.00

Purpose of payment (See instructions regarding type of information required.)

OFFICE SPACE

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

2/19/01

ALLIED ADVERTISING

Payee address; City; State; Zip Code

3700 BLANCO RD. SAN ANTONIO, TX. 78212

500.00

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN SIGNS

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)**4** TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date of loan**7** Name of lender☐ out-of-state PAC (ID#: _____)**9** Loan Amount (\$)**6** Is lender a
financial institution?

Y N

8 Lender address; City; State; Zip Code**10** Interest rate**11** Maturity date**12** Description of Collateral☐ none**13** GUARANTOR
INFORMATION**14** Name of guarantor**16** Amount Guaranteed (\$)☐ not applicable**15** Guarantor address; City; State; Zip Code**17** Principal Occupation**18** Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a
financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

☐ noneGUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
6

2 FILER NAME

FRED A. RANGEL

2001 APR -5 P 4:09
3 ACCOUNT # (Ethics Commission filers)

| | | |
|--|---|---|
| 4 Date 2/18/01 | 5 Payee name RICHARDS PHOTOGRAPHY 6 Payee address; City; State; Zip Code 231 TAMMY DRIVE SAN ANTONIO, TX 78216 | 8 Amount (\$) 35.00 |
| 7 Purpose of expenditure (See instructions regarding type of information required.) PHOTO SESSION FEE | | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|--|--|---|
| Date 2/20/01 | Payee name RICHARD'S PHOTOGRAPHY Payee address; City; State; Zip Code 231 TAMMY DRIVE SAN ANTONIO, TX 78216 | Amount (\$) 50.00 |
| Purpose of expenditure (See instructions regarding type of information required.) PHOTO SESSION FEE | | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|--|--|---|
| Date 3/5/01 | Payee name RICHARD'S PHOTOGRAPHY Payee address; City; State; Zip Code 231 TAMMY DRIVE SAN ANTONIO, TX 78216 | Amount (\$) 35.00 |
| Purpose of expenditure (See instructions regarding type of information required.) PHOTO SESSION FEE | | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|---|--|---|
| Date 2/19/01 | Payee name ALLIED ADVERTISING Payee address; City; State; Zip Code 3700 BLANCO RD SAN ANTONIO, TX 78212 | Amount (\$) 800.01 |
| Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN SIGNS | | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

| | | |
|---|--|---|
| Date 3/1/01 | Payee name EASY DRIVE Payee address; City; State; Zip Code 906 RUIZ ST. 78207 | Amount (\$) 26.43 |
| Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN SIGN STAKES | | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

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PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Business name

7 Amount
(\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

See pages Schedule G:

2 FILER NAME

FRED A. RANGEL 2001 APR -5 P 4:09

3 ACCOUNT # (Ethics Commission filers)

| | | |
|---------|---|---|
| 4 Date | 5 Payee name CAS PALAPAS | 8 Amount (\$) |
| 3/23/01 | 6 Payee address; City; State; Zip Code 5403 N.W. LOOP 410 SAN ANTONIO, TX 78225 | 20.83 |
| | 7 Purpose of expenditure (See instructions regarding type of information required.) LUNCH w/ POLITICAL STAFF | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name JIMS | Amount (\$) |
| 3/20/01 | Payee address; City; State; Zip Code 5917 BANDERA SAN ANTONIO, TX | 12.85 |
| | Purpose of expenditure (See instructions regarding type of information required.) BREAKFAST w/ CAMPAIGN TREASURE | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name ELECTION SUPPORT SERVICES INC | Amount (\$) |
| 3/1/01 | Payee address; City; State; Zip Code 4958 MILITARY DR W SAN ANTONIO, TX 78242 | 351.20 |
| | Purpose of expenditure (See instructions regarding type of information required.) PHONE LIST | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name ELECTION SUPPORT SERVICES, INC. | Amount (\$) |
| 3/19/01 | Payee address; City; State; Zip Code 4958 MILITARY DR W SAN ANTONIO, TX 78242 | 216.83 |
| | Purpose of expenditure (See instructions regarding type of information required.) PHONE LIST | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name THE HOME DEPOT | Amount (\$) |
| 3/23/01 | Payee address; City; State; Zip Code 12871 I-10 SAN ANTONIO, TX 78249 | 58.52 |
| | Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN OFFICE SUPPLIES | <input type="checkbox"/> Reimbursement from political contributions intended |

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
Schedule G:

2 FILER NAME

FRED A. RANGEL

2001 APR -5

ACCOUNT # (Ethics Commission filers)
4:09

4 Date

5 Payee name

STOP & GO

8

Amount
(\$)

6 Payee address;

City; State; Zip Code

5494 BABCOCK SAN ANTONIO, TX 78240

7 Purpose of expenditure (See instructions regarding type of information required.)

AUTO Fuel

☒ Reimbursement
from political
contributions
intended

Date

Payee name

AMERICAN MARKETING ASSOCIATION

Payee address;

City; State; Zip Code

SAN ANTONIO, TX

Purpose of expenditure (See instructions regarding type of information required.)

LUNCHEON

Amount
(\$)

☒ Reimbursement
from political
contributions
intended

Date

Payee name

SONIC DRIVE INN

Payee address;

City; State; Zip Code

SAN ANTONIO, TX

Purpose of expenditure (See instructions regarding type of information required.)

WORKERS LUNCH

Amount
(\$)

☒ Reimbursement
from political
contributions
intended

Date

Payee name

JOSEPHINE STREET CAFE

Payee address;

City; State; Zip Code

400 E JOSEPHINE STREET SAN ANTONIO TX 78215

Purpose of expenditure (See instructions regarding type of information required.)

LUNCH w/ CAMPAIGN COOR?

Amount
(\$)

☒ Reimbursement
from political
contributions
intended

Date

Payee name

GOLFO DE MEXICO

Payee address;

City; State; Zip Code

603 BANDERA Rd SAN ANTONIO TX

Purpose of expenditure (See instructions regarding type of information required.)

LUNCH w/ PET. COORD.

Amount
(\$)

☒ Reimbursement
from political
contributions
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2001 APR -5 P 4:10

2 FILER NAME

FRED A. RANGEL

3 ACCOUNT # (Ethics Commission filers)

| | | |
|---------|--|---|
| 4 Date | 5 Payee name HEB | 8 Amount (\$) |
| 3/10/01 | 6 Payee address; City; State; Zip Code 12777 I-10 W SAN ANTONIO, TX 78230 | 9.74 |
| | 7 Purpose of expenditure (See instructions regarding type of information required.) OFFICE SUPPLY | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name KINKO'S | Amount (\$) |
| 3/06/01 | Payee address; City; State; Zip Code 5755 N.W. LOOP 410 SAN ANTONIO, TX 78238 | 47.42 |
| | Purpose of expenditure (See instructions regarding type of information required.) COPIES - FLYERS | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name KINKO'S | Amount (\$) |
| 3/10/01 | Payee address; City; State; Zip Code 5755 N.W. LOOP 410 SAN ANTONIO TX 78238 | 89.32 |
| | Purpose of expenditure (See instructions regarding type of information required.) CRDSTICK | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name TOWER GARAGE | Amount (\$) |
| 2/28/01 | Payee address; City; State; Zip Code 211 VILLITA ST. SAN ANTONIO, TX 78205 | 4.50 |
| | Purpose of expenditure (See instructions regarding type of information required.) FLING | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name TETCO MOBIL | Amount (\$) |
| 3/09/01 | Payee address; City; State; Zip Code 5770 BARBCKOCK RD SAN ANTONIO, TX 78240 | 10.90 |
| | Purpose of expenditure (See instructions regarding type of information required.) AUTO FUEL | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

2001 APR -5

1 Total pages Schedule G:

2 FILER NAME

FRED A. RANGEL

3 ACCOUNT # (Ethics Commission filers)

| | | |
|---------|--|---|
| 4 Date | 5 Payee name OFFICE MAX | 8 Amount (\$) |
| 2/28/01 | 6 Payee address; City; State; Zip Code 12635 I.H.10W SAN ANTONIO, TX 78230 | 21.01 |
| | 7 Purpose of expenditure (See instructions regarding type of information required.) 3.5 DISK | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name THE Home Depot | Amount (\$) |
| 3/06/01 | Payee address; City; State; Zip Code 611 SW LOOP 410 SAN ANTONIO, TX 78228 | 3.19 |
| | Purpose of expenditure (See instructions regarding type of information required.) 1 3/4 PC C | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name THE Home Depot | Amount (\$) |
| 3/06/01 | Payee address; City; State; Zip Code 12871 I-10 SAN ANTONIO, TX 78249 | 4.27 |
| | Purpose of expenditure (See instructions regarding type of information required.) TIE WIRE | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name THE Home Depot | Amount (\$) |
| 3/04/01 | Payee address; City; State; Zip Code 12871 I-10 SAN ANTONIO, TX 78249 | 5.11 |
| | Purpose of expenditure (See instructions regarding type of information required.) COARSE SCR | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |
| Date | Payee name HEB | Amount (\$) |
| 3/27/01 | Payee address; City; State; Zip Code 5803 BARBOCK SAN ANTONIO, TX 78240 | 11.60 |
| | Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN PHOTOS, SUNDRIES | <input checked="" type="checkbox"/> Reimbursement from political contributions intended |

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
MAR -5 P 4:10

1 Total pages Schedule G:

2 FILER NAME

FRED A. RANNEY

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/16/01

5 Payee name

CITY OF SAN ANTONIO

6 Payee address; City; State; Zip Code

100 PLAZA DE ARMAS SAN ANTONIO, TX 78283

8 Amount (\$)

10.00

7 Purpose of expenditure (See instructions regarding type of information required.)

CANDIDATE PACKET

☒ Reimbursement from political contributions intended

Date

3/14/01

Payee name

MAIL BOXES ETC

Payee address; City; State; Zip Code

5804 BABCOCK SAN ANTONIO, TX 78240

Amount (\$)

.84

Purpose of expenditure (See instructions regarding type of information required.)

COPIES

☒ Reimbursement from political contributions intended

Date

3/17/01

Payee name

OFFICE MAX

Payee address; City; State; Zip Code

5830 BANDERA SAN ANTONIO, TX 78238

Amount (\$)

5.39

Purpose of expenditure (See instructions regarding type of information required.)

NAME BADGE PIN

☒ Reimbursement from political contributions intended

Date

3/28/01

Payee name

OFFICE MAX

Payee address; City; State; Zip Code

5830 BANDERA SAN ANTONIO, TX 78238

Amount (\$)

19.41

Purpose of expenditure (See instructions regarding type of information required.)

BADGE PIN 4x3

☒ Reimbursement from political contributions intended

Date

3/09/01

Payee name

OFFICE MAX

Payee address; City; State; Zip Code

5830 BANDERA SAN ANTONIO TX 78238

Amount (\$)

3.21

Purpose of expenditure (See instructions regarding type of information required.)

OFF SUPPLIES

☒ Reimbursement from political contributions intended

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